

Perspectives on Women's Addictions and Treatment



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Conference*

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California Department of Alcohol and Drug Programs

ADP's Mission

To lead California's strategy to reduce alcohol and other drug problems by developing, administering and supporting prevention and treatment programs.

The Department Provides Funding for:

- Drug Court Programs
- Proposition 36
- The Governor's Mentoring Partnership
- The Office of Problem Gambling

The Department

- Licenses 1,500 residential and outpatient treatment facilities, narcotic treatment programs and D-U-I programs in California.

Counselor Certification

- 25 year effort
- Consumer protection
- Raising the bar for treatment providers and counselors

Treatment in California



2004 National Survey on Drug Use and Health

- Males are twice as likely as females to abuse alcohol or an illicit drug.
- Gap narrows for females between the ages of 12 and 25.
- Virtually no difference between males and females aged 12 to 17 in the rates of abuse of alcohol or illicit drugs.

Women abuse prescription drugs
at higher rates than their male
counterparts.



Treatment and Statistics

Each day in California:

- over 120,000 people in publicly funded treatment.
- more than 13,000 on a waiting list.

Methamphetamine



Primary Drug of Abuse

	<u>%</u>
Methamphetamine	29
Alcohol	22
Heroin	22
Marijuana	12
Cocaine	11

Primary Drugs of Abuse for Women

- Among women entering treatment:

-meth	31%
-heroin	22%
-alcohol	20%
-cocaine	12%
-marijuana	9%

Methamphetamine

- Admissions for methamphetamine addiction increased 226% percent in California between 1992 and 1998

Meth Use Among Women in Treatment

	<u>%</u>
Asian/Pacific Islander	53
Caucasian	43
Hispanic	43
American Indian	42
African-American	7

Methamphetamine Effects



Meth Demographics

- 55% of women between 18 and 30, indicated meth as their primary drug
- 40% of men between 18 and 30, indicated meth as their primary drug

Meth and Children



Alcohol



Alcohol Use and Women

- 20 % of women between 18-24 engaged in binge drinking during the past month.
- Each year in California over almost 3,000 deaths among women are connected with daily or chronic drinking.

Alcohol and Pregnancy

- 10% of pregnant women consumed alcohol and 2% participated in binge drinking.
- Half of women who did not use birth control used alcohol and 12% of these women engaged in binge drinking.

Alcohol and Pregnancy

- There is no known safe amount for women who are pregnant or might become pregnant.

Women in Prison



Women in Prison

- Since 1995, the female inmate population has grown by 5% as opposed to 3.3% for males.
- There are 8 times as many women in state, federal or local prisons.

Women in Prison

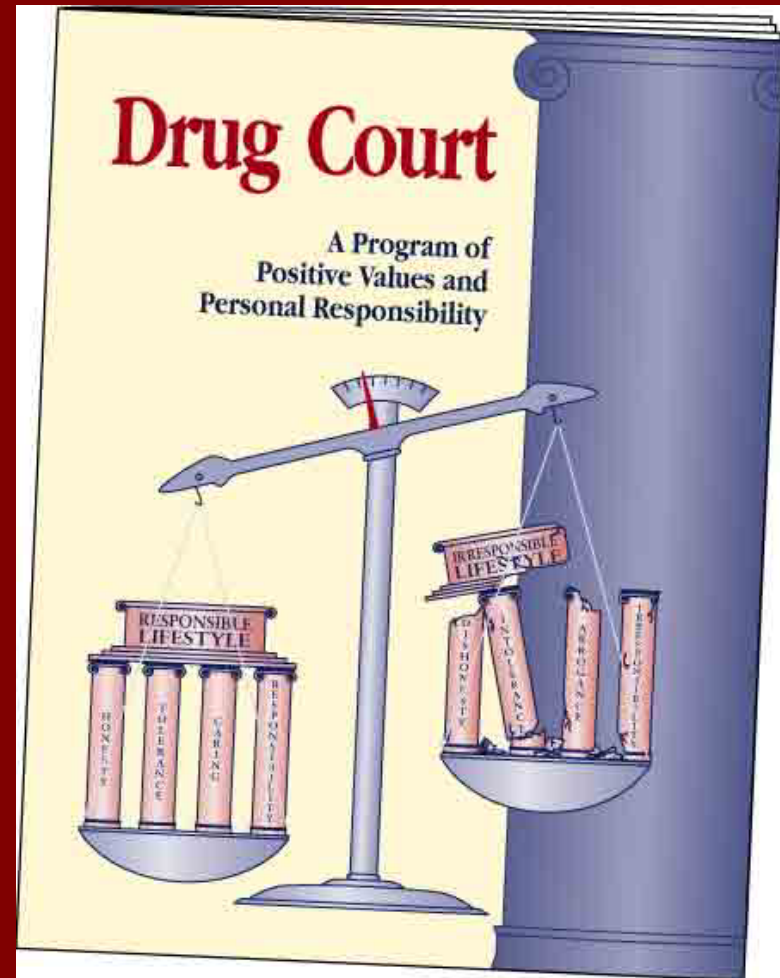
- 1000% increase in the number of women who are in prison on drug related charges.
- Over a third of the 10,000 women in California's prisons are there for drug related offenses.

Women in California's Prisons

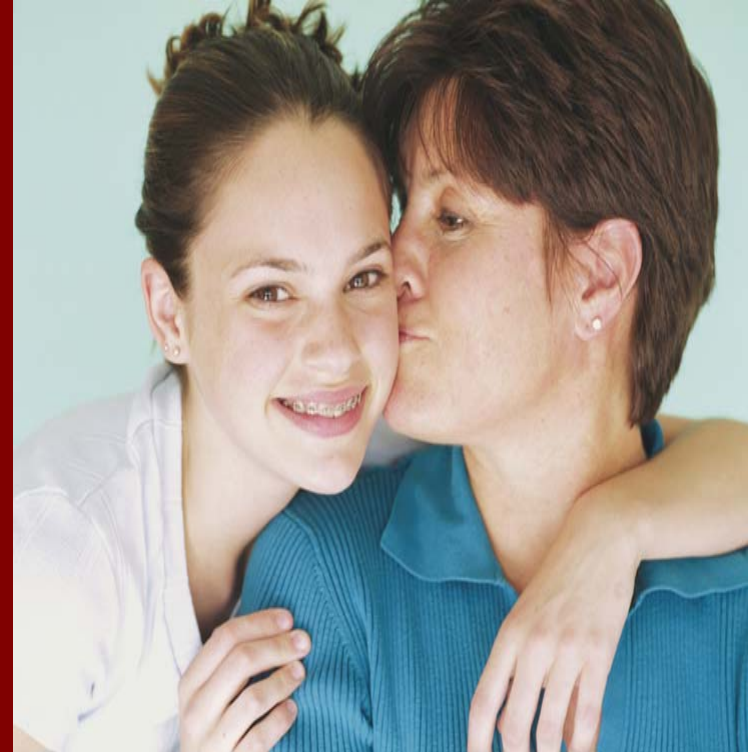
- Costs \$26,000 per year to incarcerate a woman in prison.
- Drug treatment costs range from \$1,800 per year for outpatient care to \$6,800 for residential treatment.

Drug Courts

- 150 drug courts
in 50 counties in
the state



Dependency Drug Courts



These individuals:

- Avoided nearly one million prison days
- 990 completed parenting classes
- 1,358 were reunited with their families
- 93% of the women gave birth to drug-free babies
- And their children avoided nearly 16,000 days in foster care.

Perinatal Substance Exposure Study

n = 29,494

<u>TOTAL POSITIVES</u>	<u>11.35%</u>
Tobacco	8.8%
Alcohol	6.7%
Opiates	1.5%
Cocaine	1.1%
Marijuana	.8%
Methamphetamine	.6%

(Vega et al 1993)

Perinatal Substance Abuse Treatment

- Each year 38,000+ women are treated in perinatal treatment programs in California.
- 96,000+ children

Demographics

- Of these women:
 - 49% are Caucasian
 - 18% are African American
 - 2.2% are American Indian
 - 1.8% are Asian
 - 29% are Hispanic

Women in Perinatal Treatment

- The primary alcohol and drug problem:

-Methamphetamine: 36%

-Heroin: 21%

-Alcohol: 16%

-Cocaine/crack: 12%

-Marijuana 9%

Pregnant Women in Treatment in California

n = 4, 237

<u>Primary Drug</u>	<u>Number</u>	<u>%</u>
Methamphetamine	1735	40.95
Heroin	667	15.74
Cocaine/crack	650	15.34
Marijuana	517	12.20
PCP	64	.08

(DADP 2002)

Barriers to Treatment for Pregnant Drug Dependent Women

National Institute on Nursing Research
UCSF Graduate Division

Era of Criminalization

- 250+ prosecutions of pregnant drug dependent women since 1987
- Effects of U.S. cocaine epidemic
- Increasingly punitive stances: # women incarcerated, terms of probation and parole, child protection legislation

Extrinsic: Access

- Socially located barriers

structural

attitudinal

resource related

Barriers: Women

- Staff attitudes (Vanicelli 1984)
- Women have less support for treatment than males; discouraged from treatment by male partners (Beckman & Amaro 1986; Thom 1986)
- Lack of childcare, stigma (Copeland 1997)

Barriers: Pregnant Women

- Less likely to get drug treatment if punitive policies are in place due to fear (Poland et al 1993)
- Traditional constructs of denial: passive waiting, character defects, ADL of addicts (Jordan & Oei 1989; Pringle 1982)

Study Participants

n = 36

- 12 pregnant
24 with an infant < 12 mos.
- 20 African-American
8 White
7 Latina
1 Native American

Participants (cont'd)

	Mean	Range
Age	30.02 (\pm 5.8 S.D)	19 - 43
Sober time	18.4 weeks (\pm 20.1 S.D.)	1 - 88
GA @ entry tx	17.0 weeks (\pm 14.3 S.D.)	1 - 40
GA @ entry pnc	15.2 weeks (\pm 9.3 S.D.)	1 - 32

Participants (cont'd)

n = 36

Primary Drug	<u>n</u>
Cocaine	16
Alcohol	6
Heroin	6
Methamphetamine	5
Cocaine/marijuana	2
Psychedelics	1

Participants cont'd

n = 36

	<u>n</u>	%
Homeless	13	36
Violence from partners	7	19
Incarcerations	11	31
Sudden/violent death exp.	9	25
Unplanned pregnancy	33	92
Past child relinquishment	24	66
Methadone maintenance	4	11

Analysis (Mandelbaum, 1973)

③ Dimensions

③ Turnings

③ Adaptation

Turnings

Pregnancy

I love her. And I thank God for her. You know, I think He knows that I'm ready to have it...be a mom again and that's good. He's giving me another chance.

Ivy, single mother, recovering cocaine user



Barriers

Fear

- arrest and prosecution

- incarceration and loss of child

Program-based

Partners

Opiate dependency

Pregnancy

Fear

I had heard so many horror stories about people coming up positive and not even seeing their baby ever, just having the baby taken straight from the hospital. And I thought that was what was going to happen to me...

Nina, 19 year old recovering heroin dependent woman

Fear

I didn't tell him [physician] the full story...He might turn me in...to CPS.

Maisha, 29 year old mother of a 10 month old baby

Fear

Knowing that they were gonna test me for drugs, that's what scared me...they said if you don't go into treatment, your baby will be taken away from you...That's why I didn't go to prenatal care...I didn't want to lose my baby.

Emily, a 23 year old recovering heroin dependent woman

Discussion

- Gendered impact of the War on Drugs
- Transformation of the therapeutic alliance
- Deterrent effects of fear
- Collaborative harm from helpers

← Implications

Health Policy

Renewed Public Dialogue

Fetal Protection = Maternal Protection

Systems Collaboration

Treatment Barrier Reduction

Child Welfare System Evaluation

Implications

Clinical Practice

Education

Evidence-based Practice

Safe Disclosure

Interdisciplinary Collaborations

Issues in Nicotine Dependence

National Institute on Drug Abuse

SF Treatment Research Center

Department of Psychiatry, UCSF

[T32 DA07250 & P50 DA09253]

Aims

1. to describe the process of organizational change in a perinatal drug abuse treatment program regarding its tobacco policy and treatment of nicotine dependence
2. to examine perinatal-specific motivators for organizational change



Warning Labels

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

SURGEON GENERAL'S WARNING: Quitting Smoking Now Greatly Reduces Serious Risks to Your Health.

SURGEON GENERAL'S WARNING: Smoking By Pregnant Women May Result in Fetal Injury, Premature Birth, And Low Birth Weight.

SURGEON GENERAL'S WARNING: Cigarette Smoke Contains Carbon Monoxide.



"Light a Lucky and you'll never miss sweets that make you fat"

Constance Talmadge
Constance Talmadge,
Charming Motion
Picture Star

INSTEAD of eating between meals... instead of fattening sweets... beautiful women keep youthful slenderness these days by smoking Luckies. The smartest and loveliest women of the modern stage take this means of keeping slender... when others nibble fattening sweets, they light a Lucky!

Lucky Strike is a delightful blend of the world's finest tobaccos. These tobaccos are toasted—a costly extra process which develops and improves the flavor. That's why Lucky are a delightful alternative for fattening sweets. That's why there's real health in Lucky Strike. That's why folks say: "It's good to smoke Lucky."

For years this has been no secret to those men who keep fit and trim. They know that Lucky steady their nerves and do not harm their physical condition. They know that Lucky Strike is the favorite cigarette of many prominent athletes, who must keep in good shape. They respect the opinions of 20,679 physicians who maintain that Lucky are less irritating to the throat than other cigarettes.

A reasonable proportion of sugar in the diet is recommended, but the authorities are overwhelming that too many fattening sweets are harmful and that too many such are eaten by the American people. So, for moderation's sake we say:—

"REACH FOR A LUCKY
INSTEAD OF A SWEET."

"It's toasted"

No Throat Irritation—No Cough.

Count to count every book-up every Sunday night through the National Broadcasting Company's network. The Lucky Strike Dance Orchestra is "The Finest that made Broadway, Broadway."

Constance Talmadge,
Charming Motion
Picture Star



Reach for a
Lucky instead
of a sweet.

OK - Miss America!
We thank you for your patronage



"It's toasted"
Your Protection—against irritation—against cough

**LUCKY
STRIKE**
CIGARETTE

TUNE IN ON LUCKY STRIKE—its modern network with the world's finest dance orchestra, and famous Lucky Strike pianists, every Sunday, Thursday, and Saturday evening over N. B. C. network.

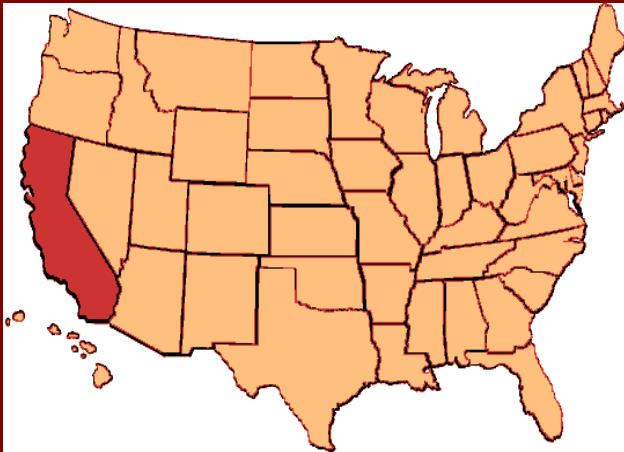
©1935, 1936
The American
Tobacco Co.

1996

“If children don’t like being in a smoky room, they’ll leave...[and regarding infants who can’t leave]...at some point they begin to crawl.”

--R.J. Reynolds Tobacco Company Chairman

Rates of Cigarette Smoking



	Pop.	Males	Females
U.S.	22.5%	25.2%	20.0%
CA.	16.4%	19.7%	13.3%

(CDCP 2004)

Women and Smoking

- Since 1950, 600% increase in women's death rates from lung cancer....
- Since 1980, 3million women have had premature deaths> cancers, heart and lung disease, and smoking-related burns

Tobacco and Pregnancy

- In the United States, half of all women smokers continue to smoke throughout pregnancy

(Ebrahim et al 2000)



Smoking During Pregnancy: Indicator of Risk

- Associated with increased levels of stress, and depressive symptoms

(Bullock et al 2001; Ludman 2000)

- More likely to engage in other “problematic health behaviors” including risky sexual practices and hx of drug/alcohol use

(Wakschlag et al 2003)

Smoking before pregnancy....

- Women have increased risk for:
conception delay
infertility

Smoking during pregnancy....

- Increases risk for:
 - miscarriage
 - prematurity
 - intrauterine growth restriction
 - LBW and VLBW
 - placental previa and abruption
 - Sudden Infant Death Syndrome (SIDS)

(USDHHS 1990; Schoendorf 1992)

ETS

- 150 - 300,000 lower respiratory infections/yr.
- increase in # and severity of asthma episodes
- pneumonia
- coronary artery disease
- ear infections, colds & flu
- worsening of allergies
- increased # of hospitalizations
- SIDS

(Moskowitz et al. 1999)



Public Policy

Cost Savings

- For each \$1 invested in smoking cessation for pregnant women \$6 are saved in neonatal and intensive care costs and long term care associated with low birth weight deliveries

(Marks et al. 1990)

Setting

- length of stay 3 mos. in residence
 9 mos. in aftercare
- Small program with family feeling, low personal anonymity
- 90 women and 80 kids per year
- Substance abuse and mental health treatment case management and 12 Step orientation

Interview Guide

- “From your perspective, please tell me the story of how the program changed from a program that allowed smoking to a program now involved in treatment of nicotine dependence.”
- Staff attributes
- Organizational climate
- Institutional resources

Study Participants

Position	Credentials	Yrs@Facility
Executive Director	BS	8.5
Medical Director	MD	13
Family Nurse Prac.	FNP, MS, RN	6
Therapist	MFTT	6
Case Manager	MS candidate	7
Case Manager	unlicensed	2+
Director, Child Care	MS: Child Dev	5
Intake Specialist	unlicensed	1.5

Results

- The story of change
 - Turning point
 - Time and space for smoking
 - Then 1977- 2002
 - Now 2002-present
- Characteristics associated with change
- Perinatal-specific motivators for change
- Tobacco policy & elements of nicotine tx

Turning Point

One night I was here, it was dark, it must have been winter...I saw a young woman standing by the gate out front, one of our clients. And I asked her what she was doing there...she said she was taking her young son to the hospital for a breathing treatment. And as she was standing there with her young son on one hip...she had a cigarette in her other hand....

Executive Director

Then: Time for Smoking

- 1977-1999 client and staff smoking

during lunch (1 hr)

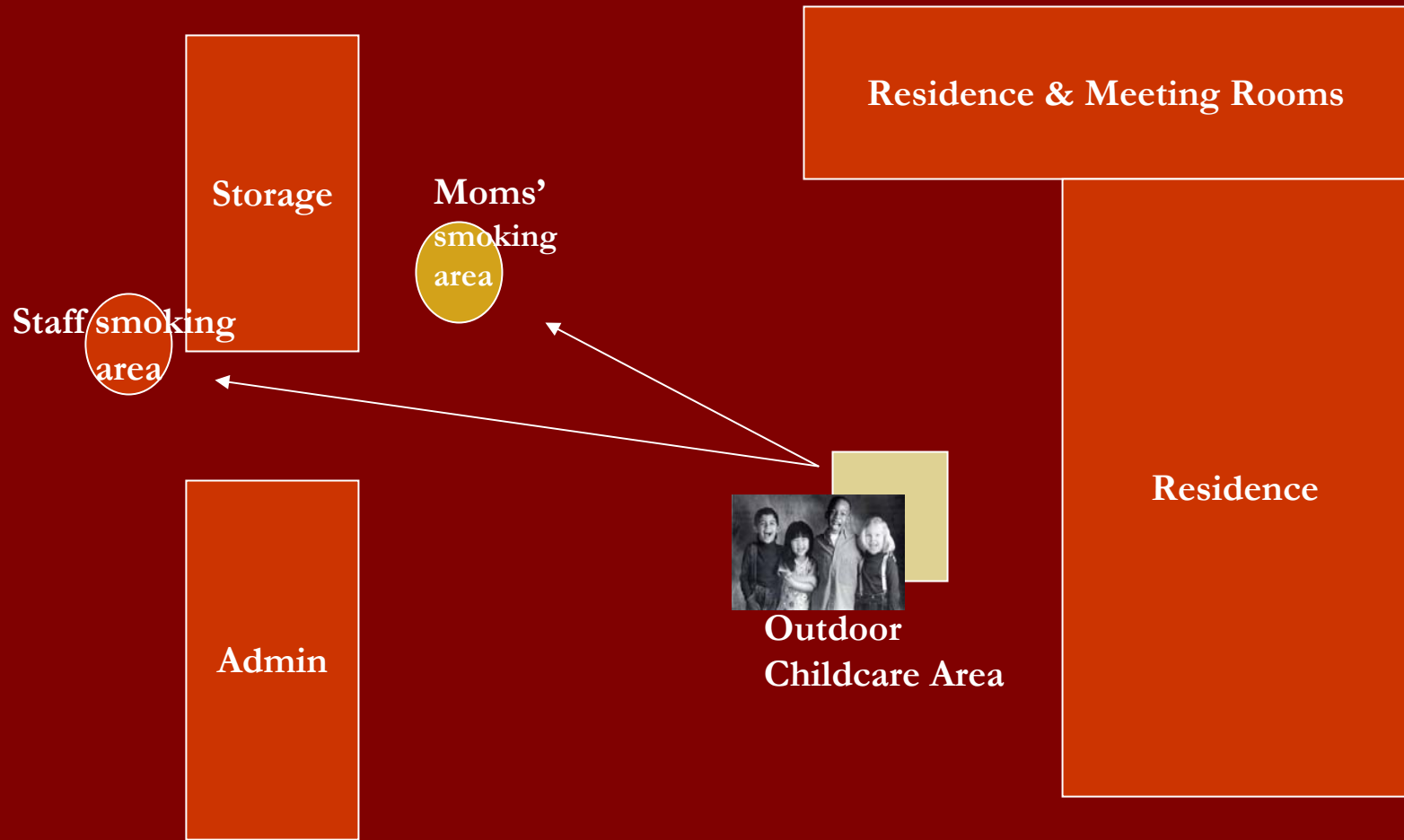
during breaks (1.5 hrs)

during PM “free time” (7.0 hrs)

time for smoking = 9.5 hours a day



Then: Space for Smoking



Maternal child interaction

...when you've taken out the I-have-to-have- a-cigarette...then that opens up the possibility of I'm going to play ball with my kid, or sit down and do a puzzle with them, or read to them, or just hold them when they're crying.

Director, Child Care

Now

*...from the moment they put
their bags down...*



Now: Treatment milieu

Integration of the philosophy :

“Tobacco is a drug”

1. clean and sober = abstinence from tobacco
2. NRT, groups, education, homework
3. tobacco has contraband status
4. incentives & sanctions
5. occupation with control and detection

Conclusion

Support for Treatment

- 2 of 3 Californians favor spending money to rehabilitate prison inmates.
- Californians are starting to understand that alcohol and drug addiction are chronic conditions that can be successfully prevented and treated.

What Can We Do?

- Become a Board Member of treatment provider organizations
- Make your voice heard with local and state government officials
- Volunteer your time in a perinatal facility

Thank You

Kathryn Jett

www.adp.ca.gov/

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